

1ST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)	10/018488				
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
FAL	31						TOTAL IND.					
FAL	23						TOTAL DEP.					
FAL	23						TOTAL CLAIMS					
LMS	13-0761											